TRANSMITTAL FORM (to be used for all correspondence after initial filing)		s are required to respond to a coller Application Number Filing Date	09/42	Frademark Office; U.S. DEPARTMENT OF COMMERC formation unless it displays a valid OMB control number 20,002	
		First Named Inventor Art Unit Examiner Name	2645	·	
Total Number o	f Pages in This Submission	28	Attorney Docket Number	-	n Hoosain 0-001DIV
		ENC	LOSURES (Check all the	nat apply	
Amendm A A Extension Express Informati Certified Documer Respons Incomple	ee Attached ent/Reply Iter Final Iffidavits/declaration(s) In of Time Request Abandonment Request on Disclosure Statement Copy of Priority Int(s) e to Missing Parts/ Ite Application Itesponse to Missing Parts Index 37 CFR 1.52 or 1.53	Rema Enclsoe Amendi Return	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Ad Terminal Disclaimer Request for Refund CD, Number of CD(s) rks ad are the follwoing documents: ment/Response to Office Action Receipt Postcard, postage prep n the amount of \$495.00.	n mailed 0	Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): RECEIVED 04/15/2004: JUL 2 0 2004 Technology Center 26
	SIGNA	TURE (OF APPLICANT, ATTOR	NEY, O	OR AGENT
Firm or Individual name Signature	Timothy W. Graves, Reg. Roberts Abokhair & Mardi 11800 Sunrise Valled Dr.,	ula, LLC			
Date	July 18, 2004	-	- <u>, , , , , , , , , , , , , , , , , , ,</u>		
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I hereby certify the sufficient postage the date shown be	nat this correspondence is be as first class mail in an en	eing facsi	CATE OF TRANSMISSIC imile transmitted to the USPTO idressed to: Commissioner for F	or deposi	ILING sited with the United States Postal Service with P.O. Box 1450, Alexandria, VA 22313-1450 on

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Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 495.00

Complete if Known				
Application Number	09/420,002			
Filing Date	10/18/1999			
First Named Inventor	Marc A. Cohen			
Examiner Name	Allan Hoosain	3-0-1/F		
Art Unit	2645	RECEIVE		
Attorney Docket No.	2490-001-DIV			

Check Credit card Money Other None Porder Other None Porder Other None Possit Account Number Roberts Abokhair & Mardula, LLC Name Roberts Abokhair & Roberts Abok	METHOD OF PAYMENT (check all that apply)	Attorney Docket No. 12490-001-DIV			
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1205 18 2205 9 ** Reissue claims in excess of 20 1802 900 Request for expedited examination of a design application		1802 900 1802 900 Request for expedited examination			
Other fee (specify)		. I			
**or number previously paid, if greater; For Reissues, see above \$\text{SUBTOTAL (2)} \tag{\(\frac{1}{3}\) \text{35.00}} \text{*Reduced by Basic Filing Fee Paid} \text{SUBTOTAL (3)} \text{(\$) 0.00}	• • • • • • • • • • • • • • • • • • • •	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00			

SUBMITTED BY		(Complete (if applicable))			
Name (Print/Type)	Timothy W. Graves	Registration No. (Attorney/Agent) 45,940	Telephone	703 391 2900	
Signature	150		Date	July 15, 2004	

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7116/04.

Appl. No. 09/420.002 Amdt. dated July 15, 2004

Reply to Office action of April 15, 2004

2645/4

EMARY A

Appl. No.

09/420.002

Applicant

Marc A. Cohen et al

Filed

Oct 18, 1999

Title :

SPONSORED INFORMATION DISTRIBUTION METHOD

AND APPARATUS

TC/A.U.

2645

Examiner

Allan Hoosain

Docket No.

2490-001DIV

Conf. No.

2196

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JUL 2 0 2004

Technology Center 2600

Honorable Commissioner for Patents Mail Stop Amendment PO Box 1450 Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office action of April 15, 2004, please amend the aboveidentified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 21 of this paper.

07/19/2004 DEMMANU1 00000075 09420002

01 FC:2201 02 FC:2202 387.00 OP 108.00 OP